

United States Bankruptcy Court - Northern District of Alabama

CASE NAME: _____ CASE NO. : _____ MONTH ENDING: _____

Operating reports are to be filed monthly, in duplicate, with the
Bankruptcy Clerk's Office by the 15th of each month

INDIVIDUAL DEBTOR'S AFFIRMATIONS

YES ___ NO ___ All post petition individual taxes have been paid and the deposit slips are attached.

If you answered "No" to the above, list the types of taxes that are now due and owing.

TYPE OF TAX	AMOUNT
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

2. YES ___ NO ___ Adequate insurance on all assets/property including fire, theft, liability, collision and casualty is currently in full force and effect.

If no, enter: TYPE(S) _____ not in force.

List <u>All</u> Bank Accounts	Bank	Account No.	Type of Acct.	Balance
1.	_____	_____	_____	\$ _____
2.	_____	_____	_____	\$ _____
3.	_____	_____	_____	\$ _____

4. YES ___ NO ___ Copies of all banks statements and reconciliations are attached.

5. YES ___ NO ___ I have otherwise complied with all requirements of the Chapter 11 Operating Order.

6. YES ___ NO ___ All financial statements filed with the Bankruptcy Clerk's Office are prepared in accordance with generally accepted accounting principles.

7. YES ___ NO ___ I have attached a list of all post petition creditors that have been incurred since the filing of this case but that have not been paid, including Court approved professional (attorney, accountant, etc.) fees.

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

DATE _____
PHONE _____

RESPONSIBLE PARTY

United States Bankruptcy Court Northern District of Alabama Northern Division

CASE NAME: _____ CASE NO. : _____ MONTH ENDING: _____

Individual Debtor's Cash Receipts and Disbursement *BA-02*

Receipts/Income (GROSS) \$ _____

Alimony, Maintenance, Support received _____

Other Income _____

Interest _____

Sale/rent of real estate or personal property _____

Social Security _____

Pension or Retirement _____

Other (specify) _____

TOTAL RECEIPTS/INCOME _____

DISBURSEMENTS/EXPENSES (*INCLUDE EMPLOYER DEDUCTIONS*)

Food _____

Home Expenses _____

Rent or Home Loan _____

Real Estate Tax _____

Gas _____

Water _____

Telephone _____

Other Utilities(specify) _____

Home Maintenance (repairs and upkeep) _____

Insurance Payments _____

Life _____

Health _____

Auto _____

Home owners or renters _____

Other (specify) _____

Installments Loan Payments _____

Auto Loan _____

Other loans (specify) _____

Taxes withheld or Quarterly Income Taxes _____

School or Day Care Expense _____

Laundry and Dry Cleaning _____

Other _____

TOTAL ALL DISBURSEMENTS/EXPENDITURES _____

TOTAL INCOME LESS TOTAL EXPENDITURES \$ _____

Beginning Cash Balance\$ _____ Ending Cash Balance\$ _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Date _____

RESPONSIBLE PARTY